

**Children's Health Technical Advisory Committee Meeting
Public Health Building, DCLC Room B
275 East Main Street
Frankfort, Kentucky
November 12, 2014
2:00 p.m. EST**

TAC members in attendance: Chair Mary Burch, Tara Grieshop-Goodwin, Charlotte Haney and Jessica Korhonen.

Managed Care Organization (MCO) representatives in attendance: Stephanie Stone, Brigid Adams-Morgan, Cliff Stovall and Margi Pilato, Passport Health Plan; Lee Ann Magre, WellCare; Peg Patton, David Crowley and Jeff Sutherland, Anthem Blue Cross-Blue Shield; Kimberly Richardson, Coventry/MHNet; Vaughn Payne and Helen Homburger, Humana-CareSource .

Medicaid staff in attendance: Stephanie Bates and Debbie Salleng. Others in attendance: Stephen Lin and Maria Hafer, Kentucky Youth Advocates; Cecelia White, Kentucky Psychological Association.

The meeting was called to order by Ms. Burch, Chair. Introductions were made by those in attendance.

Approval of Minutes:

The meeting minutes of September 10, 2014 could not be approved because a quorum was not present. These minutes will be approved at the next TAC meeting.

Cabinet Updates on Medicaid & KCHIP:

Ms. Bates stated that DMS is in the middle of open enrollment that continues until December 12, 2014, and she noted that there were no operational updates to report.

Peg Patton reported that effective January 1, 2015, DentaQuest will be the new dental vendor for Anthem. David Crowley stated that Andrew Fox will be Anthem's new provider representative.

Ms. Grieshop-Goodwin asked if there was an update on the process for enrolling youth who have aged out of foster care in Medicaid and what the process will be for recertification. Ms. Bates stated that Cindy Arflack was going to look into this but she was unable to attend the TAC meeting. Ms. Bates will ask Ms. Arflack to send an email to the TAC concerning this topic.

Ms. Bates reviewed items from the September TAC meeting in which her name was mentioned. She stated she would not be able to give a concrete number on how many children are still uninsured in the state, but as of November 7, 2014, the total statewide population for Medicaid was 1,211,238. The total for children was 489,962, and the total for foster care children was 15,030. Ms. Grieshop-Goodwin asked if DMS had a number for the former foster youth that are eligible from age 18 to 26 that weren't eligible before the Affordable Care Act. Ms. Bates will check and find out.

Ms. Bates noted she had sent an email to the TAC concerning where they could review the CMS 416 Report. She printed the federal fiscal year 2012 and 2013 for TAC members to review after the meeting.

Ms. Bates stated that at this time, Behavioral Health is not able to provide any information concerning the denial rate for psychotropic medications. She noted that DMS is revising the MCO reports and updating the master list of these medications. Dr. Vaughn stated that the MCOs will be doing a Performance Improvement Project (PIP) surrounding childhood psychotropic medication usage that will take three or four years to complete. Ms. Bates stated that as information develops concerning the PIP, this will be shared with the TAC.

Review Reports from DMS:

Ms. Bates discussed Reports 97, 101 and 102 of the MCO BHDID Report Comparison for September, 2014. She noted that since these reports are claims-driven, there will be a claims lag on many of these reports.

Ms. Homburger from Humana-CareSource stated the rate of inpatient admissions has increased in correlation with the increase in enrollment. In January, 2014, it was 11 unique utilizers. In September, based on authorizations, it went to 31 unique utilizers. For EPSDT residential services, it is anywhere from two or three up to about seven in any given month. On residential authorizations, those range from one to two per month. Ms. Homburger stated they are unable to report on outpatient services yet because Humana's policy is that any child who needs outpatient services is provided with 30 visits before any authorization is needed.

Mr. Crowley reported that Anthem has 33 foster care children. Of those, four had claims data of at least one prescribed psychotropic medication. One of those was prescribed two or more psychotropic medications and one was prescribed three or more. There is one out-of-home care child in a crisis stabilization unit, four in residential treatment, two receiving speech therapy and one receiving occupational therapy. Outside of the foster care population, Mr. Crowley stated Anthem did not have any outpatient utilization data that would have required prior authorization since Anthem does not require prior authorization for traditional individual, family and group family therapy services. Anthem has two children in the PRTF setting, three on extended care units, five participating in a partial hospitalization program, two participating in intensive outpatient treatment, and one in a residential substance abuse treatment.

Ms. Adams-Morgan from Passport provided the TAC with a PowerPoint handout. She stated that Passport allows for 30 visits before authorization is required for individual and family therapy. Group services don't require authorization.

Ms. Richardson with Coventry/MHNet stated she did not bring specific data because the request was vague. She stated that the initial screening, assessment and evaluation codes do not require authorization. Community mental health centers are allowed to do the first three individual sessions with no prior authorization required, and beyond that, Coventry asks that providers submit an outpatient treatment report. Ms. Richardson believes Coventry has one child that's currently out of state but is in the process of being transitioned home.

Ms. Magre of WellCare was unable to pull the authorization data in time for the TAC meeting. She stated that community mental health centers are able to provide outpatient services without any kind of authorization at all. For behavioral health providers that are newly enrolled or the former Impact Plus type of providers, WellCare asks that before behavioral health services are provided, that providers submit a list of these services so that WellCare can track how many services are being provided.

Ms. Bates mentioned the report entitled Benefit Payments by Region for the third quarter of 2014. She stated that on this report, Anthem does not show anything for dental services but this is not correct. Ms. Bates will get an updated report out to the TAC.

Ms. Burch asked if these reports could be provided to the TAC in advance of the meetings so that the TAC can review them prior to the meetings. Dr. Haney asked how these reports could be compared from year to year and she specifically was interested in dental information. Ms. Bates stated she would try to pull certain parts of the CMS 416 Report to obtain this information.

Discuss Recommendations to MAC:

The only recommendation to the MAC is that asthma educators be allowed to be billable providers. This recommendation was made at the last TAC meeting but it was felt that it should be taken before the MAC again. If a TAC member is unable to attend the MAC meeting, it was suggested to put this recommendation in a letter format to be sent to the MAC. The next MAC meeting is November 20, 2014.

Next Meeting Date: There was discussion about how often the TAC should meet and that each organization should appoint a backup representative to ensure quorums for the meetings. The bylaws now read that regularly scheduled meetings of the TAC shall be bi-monthly. The next meeting is scheduled for January 14, 2015 at 2:00 p.m.

The meeting was adjourned.

(Minutes were taped and transcribed by Terri Pelosi, Court Reporter, this 18th day of November, 2014.)